

## Abbott Preschool Teacher Applying for an Extension for P-3 Certification

The New Jersey Supreme Court ordered that every Abbott preschool teacher must hold a P-3 teaching license by September 2004. Teachers in Abbott preschool classrooms who do not currently have a bachelor's degree and are enrolled in an approved program may be eligible for a waiver of the September 2004 deadline. In order to apply for an initial review for an extension of and waiver for the September 2004 deadline, the degree candidate must have his/her advisor or other official at the college or university in which they are enrolled verify that the candidate meets the following criteria:

- Is a student in good standing;
- Maintains the appropriate minimum GPA of 2.75 when 4.0 equals an A grade;
- Has a detailed and feasible plan for completion of the degree by September 2006; and
- Requires 30 credits or less to complete the BA degree.

The teacher candidate is responsible for having the form below completed by a college official and submitting the original form to the school district along with a copy to the child care or Head Start agency by **July 1, 2004**. Along with this application, letters of support from the district and center director must be included as part of a complete application. It is advisable that the candidate keep a copy of the entire application for his or her records as well. The district will then be responsible for submitting all waiver applications to the Office of Early Childhood Education on or before **July 16, 2004**.

Note: This does not apply to Alternate Route candidates.

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### Abbott Preschool Teacher Verification of Progress toward Graduation

*To be completed by the degree candidate:*

**Student's Name:** \_\_\_\_\_  
**Name and Address of Center:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone Number of Center:** \_\_\_\_\_

*To be completed by an advisor or other college/university representative:*

**Overall Grade Point Average:** \_\_\_\_\_ **Total # of Credits Earned:** \_\_\_\_\_  
**# of Credits Needed to Complete the Degree:** \_\_\_\_\_  
**Please check yes or no below:**

\_\_\_yes \_\_\_no **The student has a detailed and feasible plan for completion of the degree before September 2006. (Please attach plan.)**  
\_\_\_yes \_\_\_no **The student is in good standing at this institution.**

**Print or type name of college/university representative:** \_\_\_\_\_  
**College or university:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Letters of support from the district and center director are attached. \_\_\_ Yes \_\_\_ No